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1. INTRODUCTION.

In the eight days at my disposal I was able to gain some slight impression of the overall services in the general health field and a more detailed knowledge of the mental health services, with the exception of those in the North-West of the State which I was sorry to have to miss.

I had the advantage of the Public Service Commissioner's report, the Annual Reports and various other findings, reports and enquiries which had been made from time to time and these enabled me to learn more about the matters entailed than would otherwise have been possible in a considerably longer time.

To examine the cause of a single incident or even of a series of happenings in a mental hospital is like looking at a symptom of a disease without searching for the underlying illness, or without trying to place the patient against the background in which his condition has arisen.

Therefore, in considering the reason for certain allegations, into which the Public Service Commissioner has enquired with much thoroughness, I have tried to review the whole service in its broad field and to picture the background in which the alleged occurrences have found their origin. It is quite clear that many types of incidents can receive the same kind of adverse publicity which is a means of highlighting an underlying disturbance.

In this case they do not call for a remedy in themselves, but rather they reflect the need for major alterations and improvements throughout the service. Many of the needs are already being discussed and remedies are in hand.

It is hoped that this report may be useful in bringing some of these ideas together to aid in future planning.

The Director of Mental Health has already expressed many of these ideas in his previous report.

2. RELATIONSHIP BETWEEN MENTAL HEALTH DEPARTMENT
AND OTHER GOVERNMENT DEPARTMENTS.

It would appear that many of the difficulties which have occurred at Lashlan Park have not originated there but have been the final product of a not entirely satisfactory central organisation between the Treasury, Public Service Commission, the Public Service Tribunal, the Public Works Department, the General Health Department and the Mental Health Department.

I believe that four of the major unsatisfactory matters in the mental health services arise from this cause.

These are:-

- (a) the very poor design of new buildings and the lack of interest in the planning and alteration of the hospital.
- (b) the inadequate recruitment of staff, particularly in the professional divisions.
- (c) the absence of a staff establishment, and
- (d) the lack of a definite and comprehensive plan which should cover all the fields of mental health for the whole State for some years to come.

2A. THE MENTAL HEALTH AND GENERAL HEALTH DEPARTMENTS.

In spite of the very cordial personal relationships within the health department it seems there are problems which must arise as the result of the increasing responsibilities assumed by the general health department for mental health affairs. The reasons for this are explained in the following section. It is not due to any one officer or department wanting to take over the functions of another, but to the circumstances which have gradually and almost inadvertently occurred and have tended to be accepted as being inevitable.

There now seems to be two alternatives for making some more satisfactory reorganisation:-

(a) To separate the mental health department from the general health department. This would seem to be a pity when the accounting system is working reasonably well and there are many common topics for discussion on a basis of friendliness and mutual trust.

(b) That some rearrangements of the present organisation should be made, amongst which are the following:-

That every communication from the various sections of the mental health department, including all communications from Lachlan Park, however urgent, should go through the mental health office before going on to the general health department. That no decisions on mental health matters should be taken by the general health department without notification to the mental health department.

This is being done and has been for some time.

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That the mental health department should have free access to the Public Works Department and Public Service Commissioner, except that in any matter involving expenditure the General Health Division should be informed. That steps should be taken to avoid the duplication of files. It would not seem unreasonable that all mental health files (excluding those solely relating to accounts and finance) should be kept in the mental health division.

3. THE STRUCTURE OF THE MENTAL HEALTH SERVICE.

In the past the Director of Mental Health has had so many clinical responsibilities thrust upon him, through a lack of medical staff, that he has been unable to devote the time to administration required in a developing mental health service. He immediately needs two senior psychiatrists at headquarters. The general functions of the two officers should then be as shown in the following diagram. Their salary would have to be at least the equal of that of any officer in the mental health service other than the Director and preferably the same as the Psychiatrist Superintendents. This would seem to be an urgent step to take, otherwise if the present senior psychiatrist leaves, the Director will again be without anyone to take the clinical work of the courts, the mental deficiency ascertainment, prisons, children, out-patient sessions and the numerous psychiatric interviews at headquarters off his hands and the administration of the service will again suffer.

The suggested structure of the department is as follows:-



These services would be developed as needs be and reproduced in (1) the North West, (2) Central and North East, and (3) Southern regions.

4. THE FUTURE PLANNING FOR THE MENTAL HEALTH SERVICE.

4A REGIONALISATION.

The service has already been planned to be based on three regions,

- (1) the north west,
- (2) the north east and central division,
- (3) the south.

This is entirely in keeping with modern practice.

In each region it should be possible to set up:-

- (1) Out patient departments at the main general hospitals.
- (2) Day Hospitals.
- (3) Mental health Units (these early treatment centres are the headquarters of the regional psychiatric services and provide inpatient accommodation for early treatment (30 - 50 beds).
- (4) Psychiatric rehabilitation hospitals (small mental hospitals) (250) beds.
- (5) After care services.
- (6) Services for mental defectives.
- (7) Services for child psychiatry.
- (8) Services for alcoholics.

4B MEDICAL STAFF. The principle at present being followed in the north west, and in the central region (based at Launceston) of introducing the senior medical staff before residential units are put up is again completely in keeping with the most modern practices. As the work grows so should the staff be expanded.

4C THE ORDER OF PLANNING OF NEW BUILDINGS.

Plans should be produced to show the order in which the services should develop. The building of the mental health unit planned at Launceston and another in the north west are urgent.

50 acres of suitable land for a psychiatric rehabilitation hospital near a town and a general hospital in the north west where staff are available should be obtained immediately.

In the central region the present nurses home at Launceston should be taken over as a psychiatric rehabilitation hospital when the new nurses home is built.

When the present plan of adding two security wards to Lachlan Park new (East) hospital and a dependent ward & a small security female ward in the old (west) hospital is completed, no new buildings should be added there, other than an administrative block, a social therapy centre and an occupational centre in the East Hospital. The beds should not be increased there, but a new hospital should be started in the North West to relieve the pressure on accommodation.

Lachlan Park should continue to take maximum security cases and those under the Inebriates Act and the Sex Offenders Act, even when the new Rehabilitation Hospital is built in the North West.

4D STAFF ESTABLISHMENT.

It is absolutely essential that establishments and Treasury Clearance for the necessary staff should be obtained before these units are completed. Arbitrary cuts in establishment create much frustration, ill feeling and insecurity in any service. If costly long stay hospital beds are to be avoided the necessary staff of doctors and social workers to expand the early treatment services and to supply the community services must be provided and transport must be available for them.

4E AN EARLY TREATMENT CENTRE FOR HOBART AND THE SOUTHERN AREA.

Such a centre is urgently needed in the city and it can be started through the close co-operation of the mental health and general hospital services. It is essential that this early treatment unit should be established as soon as possible and it should be in association with the Royal Hobart Hospital.

There are, it seems, two alternatives to be considered as to how this can be implemented.

4E (1) That a new psychiatric wing should be built on the site of the present out-patient department at the Royal Hobart Hospital within the near future (1 - 2 years). This would need 40 beds (4 x 10), day rooms, dining rooms, offices, an occupational therapy department (which should be used for the whole hospital) and treatment rooms. It should also incorporate a day hospital. The out-patient clinics might be held in the new out-patient department or they may be transferred to the unit depending upon which is most convenient.

4E (2) Unless this unit can be started immediately after the present out-patients are closed it would be advisable to take over Vaucluse at least as a temporary measure. The patients there could easily be evacuated to the Chest Hospital and with decoration and minor alterations Vaucluse could make a very satisfactory psychiatric unit which would suffice for the next 5 - 10 years until the Royal Hobart Psychiatric Unit could be built to house the Professor of Psychiatry in the new medical school. His appointment should, I believe, be amongst the earliest in the clinical field and the unit in the Royal Hobart Hospital for his use should be ready at the time the clinical Professors are appointed to the new medical school.

4F. MENTAL DEFECTIVES.

Although arrangements should be made for all the institutionalised mental defectives to be treated at Lachlan Park West (old) Hospital, this will not be possible for some time as it will depend upon when the building programme there is completed.

The Superintendent of St. Johns Park is looking after his high grade patients in a most praiseworthy way and for the time being they should remain there in the very satisfactory accommodation available to them.

5. STAFF.

This is one of the least satisfactory parts of the service. It is due to many reasons, four of the most important are these:-

5A. PROFESSIONAL STAFF SALARIES & CONDITIONS OF SERVICE.

Medical staff salaries and conditions of service should be gauged in relation to those of the profession and not to those of the public service. Other professional salaries must be related to those in the rest of Australia. There is some isolation from clinical contacts, no university school, and an underdeveloped service, therefore it is essential there should be some weighting to compensate for these handicaps which in the past was met by free houses and certain emoluments, but these have now been curtailed. There are gross anomalies in the salaries of the medical staff which should be corrected immediately. Clinical inducements by study leave, post-graduate training and attendance at professional meetings should all be available and advertised with the posts. It is by such means that professional staff can be recruited. It is suggested that the Public Service Tribunal might be supplanted by another body in fixing the salaries of professional staffs, at least in the

health services, though I gather the conditions of service and the charge for houses or emoluments

is a matter for the Public Service Commissioner, as is the decision as to who should be in the professional division.

5B. Establishment.

Notwithstanding whether the posts are occupied or not it is essential to recognise that a definite number of positions are required to fulfil the needs of the service. The present system, whereby the Treasury chops off the establishment because in any year it has not the money to meet the needs of the service is most unsatisfactory. If the mental health service is to attain a standard compatible with modern practice a definite staff establishment must be fixed and added to as the service expands, whether or not the finances are immediately available to engage the staff.

5C. A mental health service.

The staff of the mental health department should now be recruited as members of a mental health service and not as appointees to a specific position. For instance, if the Director is to have two deputies, and two or more ^{Psychiatrist} medical superintendents, the salaries should be such that the positions are interchangeable so as to find the most suitable person for any particular post and this is only possible if they are appointed to a grade in the mental health service instead of a post at some particular place. It could be though advisable that houses (or an accommodation allowance) should be provided for each so there may be, as needed, a free interchange of positions.

5D. Staff appointments.

The appointment of staff must keep abreast of the developments in the service. Buildings are useless without the staff and new types of reorganisation cannot take place without the employment of new types of staff.

Staff should be applied for (at a time which should be agreed upon with the Public Service Commissioner) before new wards are opened.

The present suggestions for improvement in the services will depend upon a few extra posts of "patient instructors" for gardening, painting, concrete work and for road making. There is also the need for a "recreations officer" (? 3rd officer nursing rank) and an "employment officer" (? 3rd officer nursing rank). At least six new medical staff are immediately needed, including another superintendent and two deputies to the Director. It is essential that the houses provided for them should be of adequate size.

Two new secretaries will be needed to control the necessary medical and legal records when in the near future Lachlan Park hospital is subdivided into East and West Hospitals, and matrons, chief male nurses and administrative staff will also be needed to run the two hospitals.

There is no doubt that the service has been extremely fortunate in obtaining the service of its very active medical staff who are each doing considerably more work than might be expected of them. There is no guarantee that they will remain or that others will join them, especially with the anomalies of salaries and the lack of a complete service. It is difficult to see how the numbers of professional staff can be expanded without a less rigid method of recruitment, particularly in the United Kingdom. It is recommended that the Public Service Commissioner should obtain from the Director of Mental Health the essentials for the advertisements suggested and that the Director be then given full liberty to communicate with applicants about the service and with the Tasmanian Agent General, that is on subjects other than any offer in regard to their salaries or engagement.

Copies of any correspondence should, of course, be available to the Public Service Commissioner who would make all the necessary arrangements, should he agree, for the person's engagement and migration.

It is most unlikely that advertisements within Australia will be productive.

The question arises as to the use of social workers, their qualifications and their appointment. Social Workers are not, I gather, regarded as professional officers. If this is so it would be a considerable injustice to these highly trained officers who are indispensable in a mental health service. There is no doubt that social workers, properly used, with clerical help and transport provided, can avoid the recurrence of psychiatric illness in discharged patients. They can plan for the community rehabilitation of patients in hospital and in many cases avoid the need for patients admission. It would appear that the salaries of the experienced social workers and those of the senior social workers are on the low side to encourage recruitment.

On several occasions I discussed the possibility of the medical staff as a whole coming under the Director General for purposes of employment. Already certain District Medical Officers and other Specialist Medical Officers are directly employed by the Health Department and consideration should be given to the staff of the Mental Health Department being employed in the same way.

6. BUILDINGS.

Probably the most unsatisfactory feature of the service is the buildings. At Lachlan Park many buildings have been condemned, in several cases it would seem quite unnecessarily. There seems no reason at all why J. ward and the newer part of K 2 should not be very useful residential accommodation

for many years to come. It may easily be that the other part of K 2 can also be economically restored for patients use. It is agreed that H. block is unsatisfactory for sleeping, but is quite suitable for day use, for occupational therapy and social therapy purposes, especially if repainted by patient labour. To condemn buildings without any possibility of their evacuation or demolition for ten years is quite unrealistic. In the meantime they decay through lack of maintenance and neglect.

It is suggested that a programme be adopted at Lachlan Park in the following order in regard to the old (or West) Hospital and that the necessary action be taken as soon as possible before deterioration takes place.

6A Alterations.

6A (1). G. ward should be altered to provide accommodation for approximately 30 patients. K 2 (newer portion) should be adapted to provide accommodation for approximately 33 patients. (Modified plans have been given to the Superintendent of Lachlan Park).

6A (2). J. ward should be renovated (as suggested in consultation with the Superintendent).

6A (3). The old hospital block should have bathrooms added and the covered way to the kitchen glassed in.

6A (4). M. ward should be altered according, in general, to the modified plan (as suggested to the Superintendent).

6A (5). Wings to G ward should be added to give adequate amenities and toilet accommodation to make a male security ward. An enclosed courtyard should be provided in the front to replace the unsatisfactory back yard and give less chance of escape to the patients.

This plan will give reserve accommodation to which the patients can be moved whilst their own wards are being renovated. The suggested order of alteration

to the female wards is dependent on the speed with which the work can be completed.

6B. Demolitions.

6B (1). The rear courtyard of "the barracks" building should be demolished immediately.

6B (2). K 1 should be demolished and perhaps part of K 2 but further consideration should be given to this part of K 2, as it may possibly be economically restored for 20 patients.

6B (3). Ward I should be demolished as soon as the female security wards in the East Hospital are built.

6B (4). Ward A should be demolished when the wings to C are built.

6B (5). Ward B should be demolished when sufficient accommodation exists to take the patients to other wards. In the meantime the slates on the roof should be replaced immediately.

6C. LOCAL RENOVATIONS.

6C (1). The essential major work to H to convert it for day accommodation should be completed forthwith, and all other alterations completed with the aid of local artisan and patient labour.

6C (2). Any essential major work to the old nurses home to turn it to administrative, clinical and female ward accommodation should be completed and all other alterations and painting undertaken with the aid of local artisan and patient labour.

6D. MATERIALS.

It must be ensured that sufficient quantities of essential maintenance material such as paint, timber, cement etc. be provided to the hospital for their maintenance requirements. It is essential to recognise that a very considerable increase in patient activity in these fields is necessary as the best form of training for high grade mental defectives. The co-operation of the Services and Supply Department should be obtained so to avoid any delay in the purchase

of these stores, for by their use many more patients could be usefully employed.

6E. New Buildings.

The design of the new wards has been so out of keeping with modern standards that immediate consideration should be given to a revision of the plans of any not yet tendered. It is strongly recommended that a senior member of the architects staff see, or at least obtain copies of plans of, the new buildings in New Zealand and Victoria before any more tenders are let.

Considerable time has been spent with the Superintendent and Assistant Superintendent (non-medical) at Lachlan Park upon the redesign of some of the proposed buildings and the principles involved.

It is strongly recommended that the erection of the administrative block, an occupational centre and a social therapy centre, should follow the "security" wards in the new (East) Hospital before any further "chronic" wards are put up, and it may be thought unwise that these chronic wards should ever be erected.

At present there are no facilities for patients recreations or their treatment and they are stagnating there in unemployment. However, before division of the hospitals can be adequately completed administrative offices are needed. They are especially required for adequate senior nursing supervision.

In the old (West) Hospital the alterations are of especial importance but two new buildings are also necessary. On the female side there will be no security ward when I block comes down (as it should at an early date); therefore a 20 bed security ward would be of value and I considered the plans with the Psychiatrist Superintendent.

There is also no ward for dependent patients who need every nursing attention. Such wards must have very good observation and generous ablution facilities. It is thus suggested that another ward for 30 dependent patients be constructed and as the Director of the Mental Health Services has suggested, it could also serve as a special hospital block for, say, ten patients.

7. LACHLAN PARK HOSPITAL.

7A. Division into two hospitals.

Lachlan Park should definitely be divided into two hospitals. This may not be an ideal arrangement but economically it is inescapable. No more beds should, under any circumstances, be added after those mentioned in the preceding section. Any further additions should be made in other parts of the State. In time it is supposed that the old buildings (West Hospital) will be replaced by a new hospital nearer Hobart and that the East Hospital will turn into the mental deficiency training colony. It is advisable to reserve 50 - 100 acres for this new hospital in a suitable position even though the land may not be used for this purpose for 25 years.

It is believed that the suggestion to use the new buildings on the East side of the creek for the mentally ill, and to modify the old buildings on the West side of the creek for the mentally defective is a wise move.

Plans should be made immediately for this division to take place and the Assistant Superintendent (non-medical) should submit plans to show the means

by which the maintenance and artisan staff can be organised to supply both hospitals.

There should be separate medical, professional and nursing staffs for the two hospitals, but in the interim period it will be necessary to use some of the same staff in both hospitals.

The numbers of new staff needed for these two hospitals should be supplied by the Director, but they should be advertised as belonging to the service as a whole and not to any individual hospital.

The necessary arrangements for the alterations and additions to the buildings have already been discussed in 5 A.B.C. and D.

It is essential that plans should immediately be made for the rearrangement of patients to improve the classification, so that the types of patients who will occupy the various wards are clearly understood.

The classification of the patients can be considerably improved and mental defectives, even now, could be moved to the old buildings and psychotic patients to the new. Within the wards better reclassification is also possible; a number of wards are closed because of a handful of absconding or antisocial patients in each, instead of making several closed wards in which they are concentrated and closely watched. It is to be noted that such a reclassification also allows a more economical use of staff.

Rearrangement of beds in bays will save space, will add to the patients comfort and improve conditions. In this light the staff has displayed their enthusiasm by already starting on the manufacture of the necessary bed ends.

If the front of the old barrack square is to be used as a State Museum it is suggested that every effort be made to collect the remaining relics now and at the same time the Public Works Department should start immediately on the necessary alterations before any further lack of maintenance makes it extremely costly for this to be done.

7B. Staff.

Staff recruitment of all varieties is a matter of difficulty. The quality of the service is dependent on the staff and the staff recruitment is dependent upon the quality of the service.

The senior nursing staff need upgrading ^{should be} and given more responsibility. The whole question of staff discipline needs attention and the Public Service Commissioner might care to consider whether the delegation of his powers to certain senior staff in the Mental Health Department for minor offences would not help to raise the standards in the hospital.

The conversion of the old nurses home into senior nursing staff offices, the participation of senior nursing staff in teaching, a recruitment drive in the schools in which the senior nursing staff play a part, more frequent visitors to the hospital and better publicity will all help recruitment and raise the staff status and ^{their} pride in their job.

It may be that the appointment of more male charge nurses and the better distribution of qualified female staff will also help raise the standards. It is useful for all charge nurses to have their own offices on the wards.

The staff social club activities in H ward should be supported, as should competition and social relationships with local interests such as the paper mills.

A training course for attendants run by the senior nursing staff should be encouraged. It is suggested that no nurse above the charge nurse level should be appointed ^{unless} ~~without~~ he or she is prepared to lecture on nursing matters to both the nurses and attendants. ?grammar

7C. Patients.

The clothing could be improved, particularly by the use of shorts, T. shirts and windcheaters for the children and overalls for the men. As laundries become available in the wards an increasing number of female patients will wash and keep their own clothes.

At least some of the furnishings supplied are substandard and even the steel tubular chairs are not standing up to wear, these articles should be specially bought or made for the hospital according to its special needs.

It is very strongly advised that as funds become available all mattresses, straw or otherwise, be replaced by rubber mattresses with plastic covers. They are cheaper in the end, more satisfactory and eliminate the disgusting smells which come from straw filled mattresses for incontinent patients.

One of the greatest drawbacks to a satisfactory service is the lack of patient occupation.

The following suggestions are made:-

7C (1). An occupations supervisor ^{should} ~~be~~ appointed who is enthusiastic and active. He should keep a list of the patients in every ward on a visual record system, which also shows the way in which each is employed. He should then be responsible, with the co-operation of the charge nurses and advice of the medical staff for finding employment of as many patients as possible.

7C. (2). Long stay male patients, hitherto unoccupied, can be employed most usefully in moving earth, levelling, making rock gardens and reclaiming unused land. This necessitates the provision of carts of a type which were illustrated and the organisation of working parties. Working groups should be formed under instructors for (a) road making (b) ward and building painting (c) concrete moulding (d) window cleaning and (e) rubbish clearing under nursing staff supervision.

It is essential that the necessary equipment and materials be provided as soon as possible. There should not be a delay in getting paint etc. from the maintenance votes and urgent consideration should be given to the supply of these articles at once instead of awaiting the usual procedure.

A recreations officer should be appointed who is active and energetic and a good mixer to keep the equipment for indoor and outdoor games and to organise inter-ward competitions, amusements, and the better use of the patients leisure time.

Staff meetings should be held mutually to determine the best means of changing the meal hours to give a longer working day for the patients.

The present system of a four to five hour working day is no proper preparation for a patient to work an eight hour day on discharge. This short day is dependent on staff meal hours and rosters. The early evening meal, the short hours of work and the depleted evening staff all contribute to the temptation for ^{patients} ~~patients~~ to be put to bed very early.

8. SPECIAL PROBLEMS.

8A. Alcoholics.

The problem of alcoholics in Lachlan Park is similar to that in many other mental hospitals but it is smaller than would appear from the publicity

which various episodes have excited. There are a number of deteriorated alcoholics scattered throughout the wards for long stay patients but only about a dozen who have come into hospital for special treatment of the condition in its early stages. These latter cases are receiving better treatment than they do in many other places. The State is most fortunate to have two of their medical staff, both of high quality, who are interested in these patients and spending much time with them.

However, although comparatively few recoverable alcoholics seek treatment overall there appears to be enough alcoholism in the State to need a special unit for the treatment of the early cases of alcoholism, where they might perhaps stay for a month, be discharged to the new welfare officer's supervision and attend a special out-patient session for after-care, which will work in conjunction with the services provided by Alcoholics Anonymous.

It would seem necessary to have at least three special out-patient clinics for alcoholics, one in the North West, another at Launceston, as well as a third in Hobart. The number of sessions would depend on the demand. Interested general practitioners might do some sessional work there. These should preferably be held in the evening and are best run in a meeting place of adequate size, with reading material and without an appointment system.

It is very necessary to distinguish between the group of alcoholics who are anxious to be treated and to make a genuine attempt to get better and those who have to be certified, or treated under the Inebriates Acts, against their

will and primarily for the sake of their families and the community. It seems that the first attention should be given to the treatable group and the remainder should be in the mental hospital under supervision and restricted freedom.

It does not appear that the Inebriates Act holds the patients for long enough to give a chance of rehabilitating any of the chronic alcoholics.

They should be retained at least for successive six monthly periods. It is suggested that the Act should be changed when further arrangements are made for the chronic alcoholics.

Often the difficulties occurring in the community do not arise from the alcoholics but because of the aggressive, antisocial people who are fairly settled within an institution^{but} show these abnormal tendencies under the influence of alcohol. It may not always be obvious that this will happen, especially if their previous history is not well known. Such people inadvertently may be given freedom, trial leave or escape and get into trouble when they drink although they have been well behaved in hospital. This seems sometimes to have occurred.

At Lachlan Park the position is complicated firstly by difficulties in the classification of the patients and secondly, because a number of high grade mentally defective patients with tendencies to antisocial behaviour have to be kept there under the mental deficiency acts though the accommodation for them has been known to be inadequate for many years. Such patients may present severe problems under the influence of alcohol.

It is suggested that no new or special steps be taken to deal with the alcoholics at the hospital at present other than to keep them under

observation and undoubtedly their supervision has now improved. However, it may be the wish of the Government to deal with this problem further, and if so, the following points are pertinent:-

8A (1). Recoverable cases seeking treatment should be separated from those who are isolated under the Inebriates Act for the sake of the community.

8A (2). That special out-patient clinics be set up in each of the three regions for the early treatment of alcoholics.

8A (3). That discharged patients be supervised by the welfare officer and seen, as needs be, at the clinics.

8A (4). That as full a history as possible be obtained of patients who have exhibited antisocial behaviour under the influence of alcohol and they be supervised accordingly, both during treatment and on discharge.

8A (5). That a close link be made between the department and Alcoholics Anonymous and the Churches for after-care.

8A (6). That a separate ward or building be made available in the Hobart area which will take up to 30 male patients. That it should be surrounded by sufficient land for them to be occupied with gardening and other manual work and there should be facilities for group meetings, treatment and recreations there. This would only be available to those alcoholics volunteering for and selected as suitable for treatment.

5B. The mentally defective.

This group should be more easily and satisfactorily trained in Lachlan Park when they are separated from the mentally ill by the division of the hospital into-two.

The management, occupation, recreation and training differs materially from that for the mentally ill and there is no certainty that the staff suitable for the one group will manage equally well with the other.

It is only of recent years that it has been shown how many of the mentally retarded can be kept in the community and usefully occupied there when the facilities for their training are made available.

It is necessary for the mental health department, which is responsible for most of the residential care, also to have some overall supervision of all these people of this type whether being cared for in Gael, in institutions, taught in the Education Department or living in hostels provided by voluntary organisations.

It is suggested that the mental health department through a new Deputy Director (child development) should keep in closer touch with all these bodies and that the grants to the Mentally Retarded Children's Welfare Association should, in future, be made through the Mental Health department thereby encouraging a close association between them.

It is hoped that at a later date all those mental defectives who have to be cared for by the State will be grouped together in the West hospital at Lachlan Park. However until the alterations are completed it would seem unwise to move them there.

Sheltered workshops are needed for the post-school retarded group in both Hobart and Launceston if they are to be kept out of hospital.

8C. Security patients.

Although there are advantages in giving the patients as much freedom as is possible the process of opening the doors of a mental hospital or mental deficiency colony depends upon the treatment, resocialisation and occupation given, the calibre of the staff and their organisation. Moreover, freedom for the right patients is only possible if they are properly classified and those with antisocial tendencies or who are a danger to themselves or others are separately treated. For this purpose it is necessary to have a number of closed wards.

When Lachlan Park is divided so the West (old) hospital is used for the mental defectives the alterations to Ward C will provide a more satisfactory secure ward for males than is A ward at present. A new 20 - 30 bed ward to cater for the female security patients will have to be built.

In the new East Hospital two 50 bed closed wards are to be put up, one for males and the other for females. 50 beds are usually thought to be too many for maximum security wards. The numbers of such patients only form a comparatively small proportion of the total closed ward patients. Since this is the only accommodation which will be available for these cases needing to be retained after committing criminal offences, attention should be given to the possibility of making some subdivision of these new wards where the maximum security patients can be retained.

I have not seen the plans which will soon be advertised for tender.

Some attention will have to be given towards finding suitable occupations for these patients.

There is not much to be done towards making the hospital, as a whole, more secure than it is at present.

The locked security wards need rebuilding as outlined above, but some rearrangements have been made of late and now there is no point in putting fences or gates up or more staff on the perimeter. With all the changing around of patients and of staff during the rebuilding and the alterations patients become disturbed and the staff have to be acclimatised to new surroundings so it takes a while to learn the way of supervising the patients in different wards.

The careful reclassification of the patients, and particularly the sorting out of the disturbed mental defectives, the court cases and the alcoholics is the best protection for the public. At the same time for these patients to be securely supervised gives the chance for more freedom to be granted to the remainder. Moreover it means there can be a greater concentration of staff in the closed wards.

Better occupational facilities, an improvement in the organisation of the recreations, a longer working day and better meal times will all make the patients happier and decrease their tendency to leave the hospital.

There is another point to consider which is whether the complaining staff really represent the views of the majority. In fact I was led to believe that many of the best staff, who are working very well under very difficult conditions

were seriously distressed by the adverse criticism and they were anxious to receive all the assistance possible to put the hospital in order as quickly as possible.

It is clear that much benefit will be derived from regular consultations between the medical superintendent and the assistant superintendent (non-medical) and the union officials.

8D. Milbrook Rise.

I find greater difficulty in giving an opinion of this hospital than on any other subject. It is a charming building with many excellent treatment facilities in beautiful country, well staffed and comfortably appointed. It is a little dark and getting a trifle shabby through lack of maintenance, and some minor alterations would probably improve it by modern hospital standards. If the materials were available much of the redecoration could easily be done by the patients there, but paint at present seems to be unobtainable.

The administration of the hospital is complicated by three factors, it was put up by voluntary funds, it has a management committee, and the patients pay for their treatment and can draw hospital benefits whilst they are there.

It has to be faced that with its present numbers it is uneconomical, it was half full at the time of the Stoller Report and remains half full now and it has enough trained nursing staff to look after its full complement of patients. It is also too far from Hobart to fulfil its maximum usefulness.

Perhaps one may best ask the questions and leave the answers for discussion.

8D. (1). Should it continue as at present?

8D. (2). Should the patients cease to pay
and the hospital ^{be} handed over completely
to Lachlan Park and used as the admission
unit for the East Hospital for the
mentally ill? If so should the
Committee be invited to become its
Official Visitors?

8D. (3). Should it be turned into a private or
intermediate hospital for psychiatric
patients? It seems doubtful
if there are enough patients for this,
or if it is correctly placed, or if
the private practitioners from Hobart
would find it worth while to visit
there?

8D. (4). Should it be turned into a hospital
for the early treatment of alcoholics
when a new unit in the Royal Hobart
Hospital or Vancluse is used for
the mental health unit for the early
treatment of the milder cases of
nervous and mental illness?

8E. Teaching.

(1) The Australasian Association of
Psychiatrists, which will be a College of Psychiatry
in the new year is now holding an examination
for the Diploma in Psychological Medicine.
Its standards will be as high as other similar
examinations, though its conditions have been
modified to fit in with the needs of those States
without a university diploma of their own.
Unfortunately Lachlan Park has not been recognised
for teaching purposes as it does not fulfil the
necessary conditions, particularly with regard to
its number of medical staff.

It seems that unless this state of affairs is remedied in the near future the chances of augmenting the insufficient medical staff with junior appointees will be even more remote. This new situation has made the changes in the service and their expansion even more urgent.

(2) There are some 50 registered psychiatric nurses in Tasmania, not nearly all of whom are in the Mental Health Service. It is recommended that attention be given to nursing recruitment and that an advisory committee be formed for this purpose. More general trained nurses are likely to do their psychiatric nursing training when there is an early treatment unit in association with the Royal Hobart Hospital, but they will need a part of their training at Lachlan Park to give them an all round knowledge. When the old West Hospital is altered some thought should be given to starting a mental deficiency nursing training there.

(3) Attendants should be trained by the senior nursing staff. The training course should be in-service, compulsory and some recognition given for its successful completion. It should be examined by means of an oral and a practical examination.

(4) It would be useful if the small artisan staff were augmented to keep up the maintenance standards and to employ more patients. If this were done an orientation course for artisans, to teach them about patient occupation and the functions of the hospital would be of value.

I would like to express my gratitude to everyone concerned for their very helpful and friendly reception and their complete co-operation.

To you, Mr. Minister, the Public Service Commissioner, the Director General of Health, The Director of Mental Health, the Psychiatrist Superintendent and staff of Lachlan Park and to many others throughout the general and special hospitals I owe my sincere thanks for the many kindnesses I received and the considerable assistance given to me.

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